## FEDERAL EMERGENCY MANAGEMENT AGENCY O.M.B. No. 3067-0151 PROJECT WORKSHEET Expires April 30, 2001 PAPERWORK BURDEN DISCLOSURE NOTICE Public reporting burden for this form is estimated to average 30 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). NOTE: Do not send your completed form to this address. DECLARATION NO: CATEGORY DATE PROJECT NO. FIPS NO. FEMA-NC DAMAGE FACILITY WORK COMPLETE AS OF: APPLICANT COUNTY LATITUDE LONGITUDE LOCATION DAMAGE DESCRIPTION AND DIMENSIONS SCOPE OF WORK Does the Scope of Work change the pre-disaster condition at site? □ YES Special Consideration issues included? Hazard Mitigation proposal included? □ YES □ YES Is there insurance coverage on facility? $\; \square \; \mathsf{NO}$ PROJECT COST **UNIT PRICE** ITEM CODE COST NARRATIVE QUANTITY/UNIT

FEMA-PAC

Total

PREPARED BY:

## FEDERAL EMERGENCY MANAGEMENT AGENCY

SPECIAL	CONSIDER	ATIONS Q	UESTIONS				
APPLICANT:					PROJECT TITLE:		
FIPS #:			PROJECT#		DATE:		
1. Does the d	lamaged facility	or item of wor	rk have insuran	ce and/or is it an insurable ri	sk? (e.g.buildings,equipment	t, vehicles, etc.)	
□ YES □ NO □ UNSURE							
Comments:	omments:						
2. Is the damaged facility located within a floodplain or coastal high hazard area, or does it have an impact on a floodplain or wetland?							
□ YES							
Comments:							
3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an otherwise protected area?							
□ YES	□ NO	☐ UNSURE					
Comments:							
4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function)							
□ YES	□ NO	☐ UNSURE					
Comments:							
5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal?							
□ YES	□ NO	☐ UNSURE					
Comments:							
6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older then 50 years? Are there more,							
similar buildir	ngs near the sit	e?					
□ YES	□ NO	☐ UNSURE					
Comments:							
7. Are there a	any pristine or ι	undisturbed are	eas on, or near,	the project site? Are there la	arge tracts of forestland?		
□ YES	□ NO	☐ UNSURE					
Comments:							
8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work?							
□ YES □ NO □ UNSURE							
Comments:							
9. Are there any other environmentally or controversial issues associated with the damaged facility and/or item of work?							
□ YES	□ NO	☐ UNSURE					
Comments:							